

Modified PTO/SB/01 (10-01)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	Flarion-72APP (97)
	First Named Inventor	Rajiv LAROA
	COMPLETE IF KNOWN	
	Application Number	Not yet assigned
	Filing Date	Herewith
	Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTROLLED SUPERPOSITION CODING IN MULTI-USER COMMUNICATION SYSTEMS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 4)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION AND POWER OF ATTORNEY
Utility or Design Patent Application

Power of Attorney:

As a named inventor, I hereby appoint:

John C. Pokotylo (Reg. No. 36,242)

Michael P. Straub (Reg. No. 36,941)

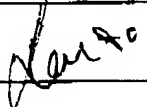
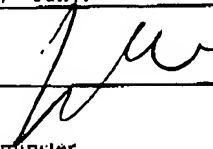
Ronald P. Straub (Reg. No. 48,941)

as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.

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DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		28479		OR <input type="checkbox"/> Correspondence address below	
Name Straub & Pokotylo							
Address 620 Tinton Avenue, Bldg. B, 2 nd Floor							
City Tinton Falls				State NJ		ZIP 07724-3260	
Country USA				Telephone (732) 542-9070		Fax (732) 542-9071	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Rajiv				Family Name or Surname Laroia			
Inventor's Signature 						Date February 19, 2004	
Residence City Basking Ridge				State NJ		Country USA	
						Citizenship India	
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City Basking Ridge				State NJ		ZIP 07920	
						Country USA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Junyi				Family Name or Surname Li			
Inventor's Signature 						Date February 19, 2004	
Residence City Bedminster				State NJ		Country USA	
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Mailing Address 357 Wren Lane							
City Bedminster				State NJ		ZIP 07921	
						Country USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the ... supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type in plus sign (+) inside this box →



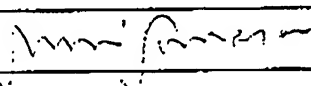
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DECLARATION AND POWER OF ATTORNEY	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Murari		Srinivasan	
Inventor's Signature 		Date February 19, 2004	
Residence City Somerset	State NJ	Country USA	Citizenship India
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Mailing Address			
City Somerset	State NJ	ZIP 08873	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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